

No. 60-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Maria Cecolini CarloniAge 70 years 9 months 10 daysPlace of death Newton Sr., SouthboroDate of death 1-5-60Cause of death Cerebral ThrombosisInterment at Rural CemeteryDate permit issued 1-6-60Certified by Raymond Cannon M. D.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Maria C. Carloni

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory) (City or town)on Jan 8 1960Certified by Harold Stevens
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-2**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Edw. J. Gaffey & Sons
MedfordName of deceased John Martin CroweAge 66 years 8 months 2 daysPlace of death Flagg RdDate of death 1/11/60Cause of death Sudden Death Presumably
Coronary ThrombosisInterment at St. Augustine AndoverDate permit issued 1/10/60Certified by Walter F. Mahoney ^{Med} _{Exam} M. D.

No. 60-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased John Joseph (Martin) Crowe

If a U. S. War Veteran, specify what war, organization, etc.

US Navy Dec '17 - Jun '19 - Rank "E"**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Augustine's, Andover, Mass.
(Name of cemetery or crematory) (City or town)on January 14, 1960.Certified by Henry B. Smith
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-3**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Bob'r K. Wadsworth - FraminghamName of deceased Charles Royal WoodsAge 81 years 7 months 19 daysPlace of death School SVDate of death 1-15-60Cause of death Cerebral ThrombosisInterment at Newton CemeteryDate permit issued 1-18-60Certified by J.H. Stone M. D.

No. 60-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles R. Woods

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

NEWTON CEMETERY & CREMATORYat Newton Cemetery (Name of cemetery or crematory) (City or town)on January 9, 1960Certified by Robert Rogers
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-4**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Robin K. WadsworthName of deceased Frederick E. PorterAge 91 years 10 months 22 daysPlace of death Dale Hill RdDate of death 2-12-'60Cause of death General ArteriosclerosisInterment at New Pine Grove - Waterbury, Conn.Date permit issued 2-14-60Certified by R.A. Johnson M. D.

No. 60-5

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to *John J. Brown, Marlboro*Name of deceased *Vincent B. Dunn*

Age 61 years 1 months 14 days

Place of death *Marlboro Rd.*Date of death *2-25-60*Cause of death *Duodenal Ulcer, perforated*Interment at *Rural - Southboro*Date permit issued *2-28-60*Certified by *J.B. Brown*, M. D.

No. 60.5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Box 97, Southboro Mass.Name of deceased Vincent B. Dunn

If a U. S. War Veteran, specify what war, organization, etc.

U.S. Army - WW I - 10/14/18 - ?**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass. (City or town)

(Name of cemetery or crematory)

on Feb 28 1960

(City or town)

Certified by Donald Stevens
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

No. 60-1Division of
Vital Statistics

COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH, Southboro
(city or town)March 5, 1960
(date)

A removal permit, properly endorsed, has been received for the removal from Glendale, Ariz. and the interment at Rural
(city or town) (state)

cemetery in Southboro of the body of Ernesto Pietro Walla
(full name of deceased)

who died February 16, 1960. Age 76 years 11 months 19 days.
(month, day and year)

Cause of death (if known) not stated = allegedly, anterior carcinoma

Residence at time of death Glendale, Arizona

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

#34 - dated 2/18/60 by Margaret Carrier, Deputy Glendale, Ariz. 24 N 15th Ave

Endorsed by Harold Stivers, Southboro, Mass. Timothy P. Stone, Agent, Bd. of Health
(Copy prepared by) (Title)

PREPARE IN TRIPPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.

No. 60-6**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Lawrence Volpe Jr.,
Brian.Name of deceased Charles RenziAge 48 years months daysPlace of death Southville - while fishingDate of death 5/5/60Cause of death Sudden - presumably
Coronary ThrombosisInterment at Rural - SouthboroDate permit issued 5/6/60
as medCertified by Maloney - Examiner. M. D.

No. 60-6

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles Renzi

If a U. S. War Veteran, specify what war, organization, etc.

WWII - Army - Tech 5 - 31-090-370**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass
at

(Name of cemetery or crematory)

(City or town)

May 9 1960

on

Certified by

Harold Stivers

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts



JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

No. *62-2*Division of
Vital Statistics

COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH, *St. Thomas* *5-16* 19*60*
(city or town) (date)

A removal permit, properly endorsed, has been received for the removal from
Allendale, Florida and the interment at *Rural*
 (city or town) (state)
 cemetery in *Smiths Bay* of the body of *Albert F. Brewer*
 (full name of deceased)

who died *May 11* 19*60* Age *82* years months days.
 (month, day and year)

Cause of death (if known) *Alzheimer's Disease*

Residence at time of death *Allendale, Florida*

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

Permit No. 414, dated 5/12/60 issued to H.A. Quarterman (No. 372),
 Buried 5/14/60 per Harold Stivers

Franklin P. Stivers Agent, Bd. of Health
 (Copy prepared by) (Title)

PREPARE IN TRIPPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.

The Commonwealth of Massachusetts



JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

No. 60-3

Division of
Vital Statistics

COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH, SOUTHBORO

(city or town)

June 1 1960

(date)

A removal permit, properly endorsed, has been received for the removal from Bellerville, Illinois and the interment at Illinois cemetery in Southboro of the body of Alice Mae Stoench (full name of deceased)

who died 12-28-59 1959 Age 97 years months days.
(month, day and year)

Cause of death (if known) Cerebral ThrombosisResidence at time of death Bellerville, Illinois

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

Ashes - Permit # 855 - Issued 12/30/59 to KURRUS FUN HOME of
E. St. Louis, IL.

Timothy P. Stone Agent, Bd. of Health

(Copy prepared by)

(Title)

PREPARE IN TRIPPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.

No. 60-7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Wm TischaName of deceased Joseph J. TricoliAge 62 years months daysPlace of death TurnpikeDate of death 6-11-60Cause of death Suddenly: premun. Coron. Thromb.Interment at RuralDate permit issued 6/13/60Certified by Mahoney - as M.E. M. D.

No. 60-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health
(Office issuing permit)City or Town of POBox 97, Southboro Mass.Name of deceased J. J. Tricoli

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass. (City or town)

(Name of cemetery or crematory)

on June 14, 1960Certified by Harold Stivera (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-8

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving Harper

Name of deceased Ruth M. McKie

Age 66 years 11 months 22 days

Place of death Cordaville

Date of death 7-14-60

Cause of death Sudden Death, presumably Coronary Thrombosis

Interment at Southboro

Date permit issued 7-15-60

Certified by Walter Mahoney, as med examiner M. D.

No. 60-8

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased Ruth M. McKie

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory) (City or town)on July 18, 1960Certified by Harold Stivers
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-9**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James P. Binner

If a U. S. War Veteran, specify what war, organization, etc.

No.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS.
(Name of cemetery or crematory) (City or town)on September 2, 1960Certified by Ernest Hauser
(Signature of Superintendent, cemetery or crematory)E.

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-X ¹⁰**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Alex. DeVitoName of deceased Mary C. Fidele PariselliAge 64 years 0 months 0 daysPlace of death Silverse Rd.Date of death 9/6/60Cause of death Sudden Death, presumably
(coronary Sclerosis).Interment at Cambridge Cemetery, CambridgeDate permit issued 9/6/60 as med examinerCertified by Walter Mahoney M. D.

No. 60-X

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Mary C. Fedele Pariselli

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Cambridge Cemetery, Cambridge
(Name of cemetery or crematory)on Sept. 9, 1960Certified by Galph W. Hamilton, Sept.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-11

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to *Donald Morris*Name of deceased *James T. Donlan*

Age 66 years 11 months 23 days

Place of death *5 Cottage St*Date of death *10-1-60*Cause of death *Carcinoma, r. lung*Interment at *Rural Cemetery, Southboro*Date permit issued *10-3-60*Certified by *Jos. Annunziata* M. D.

No. 60-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of POBox 97, Southboro Mass.Name of deceased James T. DonlanIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory) (City or town)on Oct 4 1960Certified by Harold Stevens
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-12

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C. Morris

Name of deceased Louis Zocchi

Age 75 years 0 months 6 days

Place of death Central St

Date of death 12/11/60

Cause of death Sudden Death, presumed
Coronary Thrombosis

Interment at Rural

Date permit issued 12/12/60 (med
exam.)

Certified by Walter Mahoney M. D.

No. 60-12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Louis Zocchi

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass.
at _____

(Name of cemetery or crematory)

(City or town)

on Dec 14, 1960Certified by Harold Stevens

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-13

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Geo Sessions Sons Co. Worcester

Name of deceased Dwight E. Priest

Age 58 years 1 months 2 days

Place of death Lovers Lane

Date of death Dec 11, 1960

Cause of death Carcinoma, Pancreas

Interment at Rural - Southboro

Date permit issued 12-13-60

Certified by J.P. Stone M. D.

No. 60-13

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Agent Bd of Health
(Office issuing permit)P. O. BoxCity or Town of Southboro No. 97 Mass.Name of deceased Dwight E. Priest

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory) (City or town)on Dec 14, 1960
Certified by Harold L. Lewis
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-14

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

John W. Sullivan Marlboro

Name of deceased Augusta B. Roux

Age 41 years months days

Place of death Southville Rd., Concordville

Date of death

12/14/60

Cause of death

Sudden Death, presumably Cor. Thomb.

Interment at

Rural - Southboro

Date permit issued

12-16-60

Certified by

W. F. Mahoney as ^{med} examiner M. D.

No. 60-14

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Bd. of Health
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased Augusta B. Roux

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on Dec 17, 1960Certified by Harold Stevens

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Donald Morris

Name of deceased

John Finn

Age

65 years 5 months 15 days

Place of death

Turnpike, cor. Flagg Rd.

Date of death

8 Jan '61

Cause of death

Sudden Death, presumably
Coronary Thrombosis

Interment at

Rural Cem., Southboro

Date permit issued

8 Jan '61

medical

Certified by

Walter Mahoney

examiner

M. D.

No. 61-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased John J. Finn.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass
(Name of cemetery or crematory)on Jan 11 1961Certified by Frank H. Baker
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-2

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C. Morris

Name of deceased Rebecca Jean (MacDonald) Goff

Age 80 years 1 months 17 days

Place of death Oregon Rd.

Date of death 1/11/61

Cause of death Cerebral Hemorrhage

Interment at Rural, Southboro

Date permit issued 1/13/61

Certified by Wilfred J. Cochrane M. D.

No. 61-2

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of PO Box 97 Southboro Mass.Name of deceased Rebecca J. Goff

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on Jan 14 1961Certified by Donald J. Tracy

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-3

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Cordelia Denise JackmanAge 17 years 11 months 29 daysPlace of death Oak Hill RdDate of death January 30, 1961Cause of death Sudden Death, presumably
Coronary Thrombosis
Burial — S.boro

Interment at

Date permit issued Feb 1, 1961Certified by Walter J. Mahoney M. D.

No. 61-3

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Cordelia Denise Jackman

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass
(Name of cemetery or crematory)on Feb 5 1961Certified by Frank L. Stevens
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-4**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John W. Sullivan - MarlboroName of deceased Robert V. AngerAge 36 years 0 months 0 daysPlace of death Rte 30Date of death 2-15-61Cause of death hacr rib, punct. lung, hemorrhageInterment at St. Mary's Cem - MarlboroDate permit issued 2-17-61Certified by Walter Mahoney ^{med} Examiner M. D.

No. 61-4

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Robert V. Anger

If a U. S. War Veteran, specify what war, organization, etc.

Co B, 103 Infantry. # 31262896**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Mary's Cemetery, Marlboro
(Name of cemetery or crematory)on February 18, 1961Certified by St. Mary's Cemetery, Marlboro
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-5

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Charles F. McNeilAge 65 years 8 months 26 daysPlace of death Southville Rd., SouthvilleDate of death Feb 22, 1961Cause of death Sudden Death, presum. Cor. ThrombosisInterment at St Lakes Cem., WestboroDate permit issued Feb 25, 1961as MedCertified by Walter Mahoney Exam. M. D.

No. 61-5

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles F. McNeil

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Lukes Cemetery
(Name of cemetery or crematory)on Dec 27, 1961Certified by Reynard S. Buske
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Thomas H. Bagley Jr.Age 68 years 7 months 28 daysPlace of death Walker SRDate of death 4 / 6 / 61Cause of death Coronary ThrombosisInterment at Rural - SmithboroDate permit issued 4 / 7 / 61Certified by J. P. Stone M. D.

No. 61-6

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Thomas H. Bagley Jr.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass
(Name of cemetery or crematory)on April 8 1961Certified by Harold Stevens
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-7

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Mary E. McEvoyAge 63 years — months 2 daysPlace of death Middle Rd.Date of death 4-17-61Cause of death Sudden Death, presumably Coron. Thromb.Interment at Rural - 8-boroDate permit issued 4-17-61Certified by Walt & Mahoney - as med exam M. D.

No. 61-7

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of P.O. Box 97 Southboro Mass.Name of deceased Mary E. McEvoy

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass
(Name of cemetery or crematory)on April 19 1961Certified by Harold Stevens
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of deceased

Thomas Peter Thompson

Age

85

years

2

months

22

days

Place of death

E. Main Sr., Southbow

Date of death

4-26-61

Cause of death

Anteriosclerotic Heart Disease

Interment at

Rural - Southbow

Date permit issued

4-26-61

Certified by

J.P. Stone

M. D.

No. 61-8

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of SOUTHBORO Mass.Name of deceased Thomas P. Thompson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory)on April 28 1961Certified by Frank Hartman
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Richard P. Coldwell, MarlboroName of deceased Charles Sanborn NicholsAge 74 years 7 months 27 daysPlace of death Central St., FayvilleDate of death 5-10-61Cause of death Pulmonary FibrosisInterment at Rural - SouthboroDate permit issued 5-12-61Certified by Philip S. Butler M. D.
Worcester

No. 61-9

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles S. Nichols

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on May 13 1961Certified by Harold C. Tracy

(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of deceased

Malcolm A. MacNeill

Age 76 years 4 months 11 days

Place of death

Latishanane Rd

Date of death

5-12-61

Cause of death

Coronary Thrombosis

Interment at

Rural - Southboro

Date permit issued

5-14-61

Certified by

Timothy P. Stone M. D.

No. 68-10

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Malcolm A. MacNeill

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on May 15 1961Certified by Howard J. Tracy
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-11

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Eugene S. McCarthyName of deceased Donald A. KratzerAge 40 years 10 months — daysPlace of death Red Gate Lane, SouthboroDate of death 5/14/61Cause of death Sudden Death, presumably Coronary Thromb.Interment at Rural - SouthboroDate permit issued 5/16/61Certified by Walter J. Mahoney ^{med} Examiner, M. D.

No. 61-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Donald Arthur Krafzer

If a U. S. War Veteran, specify what war, organization, etc.

Engt., 6th Arm'd Div., WWII**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on May 17 1961

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Irving W. Harper, WestboroName of deceased Herbert E. BanfillAge 79 years 10 months 12 daysPlace of death Middle Rd., SouthboroDate of death June 4, 1961Cause of death Cerebral HemorrhageInterment at Rural Cemetery, SouthboroDate permit issued June 5, 1961Certified by Timothy P. Stone, M. D.

No. 61-12

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to *Agent Board of Health*
(Office issuing permit)City or Town of *P.O. Box 97, Southboro* Mass.Name of deceased *Herbert E. Banfill.*

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at *Rural Cemetery Southboro Mass.*

(Name of cemetery or crematory)

on *June 6 1961*Certified by
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Eastman Funil Serv. Inc.Name of deceased Ruth W. HarringtonAge 60 years 2 months 26 daysPlace of death Main St., S'boroDate of death 6-24-61Cause of death Sudden Death, presum. M.I.Interment at RuralDate permit issued 6/26/61Certified by Mahoney - Med Exam M. D.

No. 61-13

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit) P.O. Box 97City or Town of Southboro Mass.Name of deceased Ruth W. Harrington

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on June 27, 1961Certified by Harold Stevens

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Domenic James MinucciAge 80 years 2 months 5 daysPlace of death Grove St., SouthboroDate of death 6/29/61Cause of death Cerebral ThrombosisInterment at Rural - SouthboroDate permit issued 7/2/61Certified by Domenic S. Ficentino M. D.

No. 61-14

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 27, Southboro Mass.Name of deceased Ignazio James Minnucci

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass

(Name of cemetery or crematory)

on July 3 1961Certified by Harold Stevens

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of deceased Emily M CurrieAge 85 years 7 months 11 daysPlace of death Southboro-Woodland RdDate of death October 3, 1961Cause of death Coronary ThrombosisInterment at Rural Cemetery, SouthboroDate permit issued October 6, 1961Certified by Walter Mahoney M. D.

No. 61-15**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Quincy Board of Health
(Office issuing permit)City or Town of Wellesley Hills, Mass.Name of deceased Smiley M. Currie

If a U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Royal Cemetery, Saugus
(Name of cemetery or crematory)on Oct 2, 1961Certified by Franklin Stone
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John A. KennedyName of deceased Everett Arthur TrumppattAge 63 years 5 months 21 daysPlace of death white Bagley Road - SouthDate of death November 6 - 1961Cause of death Coronary ThrombosisInterment at Forest Vale Cemetery, HudsonDate permit issued November 7, 1961Certified by Walter F. Mahoney - M. D. *MedSpan*

No. 61-16

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health
(Office issuing permit)City or Town of Watertown Rd - Somerville, Mass.Name of deceased Everett Arthur Trenfoft

If a U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Forestvale Cemetery, Somerville
(Name of cemetery or crematory)on Sept 9, 1961Certified by Henry Fletcher, Supl.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit
with Board of Health
or its Agent.

01239

{ PLACE OF DEATH

1 Suffolk
(County)
West Roxbury
(City or Town)STANDARD
CERTIFICATE OF DEATH

No. Veterans Administration Hospital

St. (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

Registered No. _____

PHYSICIAN — IMPORTANT

2 FULL NAME George Edward Lanctot
(First Name) (Middle Name) (Last Name)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR) WW 1

149 Clark

St. _____

Waltham

(If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days. In place of residence 18 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 4 1962
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
1/24/62 to 2/4/62, 1962.I last saw him alive on 2/4/62, death is said to
have occurred on the date stated above, at 7:15 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

6 MO.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Embryonal cell carcinoma of
testis w/ metastases

(b) Due To

(c) OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Alan Perlmutter, M.D.
Alan D. Perlmutter
(Print or Type Name)

(Address) VAH, West Roxbury, Mass. 2/5/62

PARENTS

18 NAME OF
FATHER Joseph19 BIRTHPLACE OF
FATHER (City) St. Johnsbury
(State or country) Vermont20 MAIDEN NAME
OF MOTHER Mary L. Graveline21 BIRTHPLACE OF
MOTHER (City) Concord
(State or country) New Hampshire22 Informant Hospital Records
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

John Morris

(Signature of Agent of Board of Health or other)

5732

2/6/62

(Official Designation) (Date of Issue of Permit)

178
5 Southboro Rural Cemetery, Southboro, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 8 1962

7 NAME OF
FUNERAL DIRECTOR Fraser Funeral Home

ADDRESS Waltham, Mass.

Received and filed FEB 7 1962

John Morris, Jr. Mack

(Registrar)

A TRUE COPY ATTEST:

No. 62-17

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to F. A. Sansoucy, SonName of deceased Daniel F. GunnAge 60 years — months — daysPlace of death 7 day SchoolDate of death March 20 - 1962Cause of death Sudden death Presumably
coronary thrombosisInterment at St. Anne's Cemetery, Fiskedale
MassDate permit issued March - 20 - 1962Certified by Walter F. Mahoney M. D.
ST.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Richard P. Caldwell ^{Marlboro}Name of deceased Frances (Frances) SchwareAge 84 years 0 months 0 daysPlace of death Duke Nursing HomeDate of death 3/27/62Cause of death Cerebral Vascular ThrombosisCause of death ArteriosclerosisInterment at Rural Cemetery SouthDate permit issued March 28, 1962Certified by Marilyn Musgrave M. D.

No. 62-18

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Rural of Healths
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frances (heary) Schware

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.

(Name of cemetery or crematory)

on Mar 29, 1962Certified by Leo Bertone

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Richard P. Caldwell-Mahoney

Name of deceased

William M. ^{3rd} Davis, Sr.

Age

81

years

months

days

Place of death

At Home, Main St. South

Date of death

April 1, 1962

Cause of death

Sudden Death, Presumably
Coronary Thrombosis

Interment at

Rural Cemetery South

Date permit issued

April 2 - 1962

Certified by

Walter F. Mahoney, M. D.

No. 62-19

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed**Agent**to Board of Health*
(Office issuing permit)City or Town of Southborough Mass.Name of deceased William M. Davis, Sr.

If a U. S. War Veteran, specify what war, organization, etc.

No**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.
(Name of cemetery or crematory)on April 3, 1962 - Cordaville Rd. Rte 53Certified by Jes. Bartogni
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Edward C. SutherlandName of deceased Eva SueAge 74 years 0 months 0 daysPlace of death Tranquilline Road, FairvilleDate of death May 15 - 1962
sudden deathCause of death Coronary ThrombosisInterment at St. Joseph Cemetery
WebsterDate permit issued May 15, 1962Certified by Donald F. Foley M. D.

No. 62-20

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Eva Sush

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at ST. JOSEPH'S WEBSTER
(Name of cemetery or crematory)on MAY 18, 1962Certified by Ree A. Leharcey
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

COPY OF CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

STATE OF NEW HAMPSHIRE

TOWN OR CITY
CLERK'S NO.

131

1. NAME OF DECEASED (TYPE OR PRINT)				A. (FIRST) Alfred	B. (MIDDLE) L.	C. (LAST) Otenti	2. DATE OF DEATH June 5, 1962	(MONTH) (DAY) (YEAR)
3. PLACE OF DEATH				A. COUNTY Strafford		4. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISISON)		
B. CITY OR TOWN Rochester				C. LENGTH OF STAY (IN THIS PLACE)		A. STATE Maine B. COUNTY York		
D. FULL NAME OF HOSPITAL OR INSTITUTION Frisbie Memorial Hosp.				C. CITY (GIVE ACTUAL TOWN OF RESIDENCE, NOT MAILING ADDRESS) OR TOWN Center Lebanon		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS ---		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	8. NAME OF HUSBAND OR WIFE (MAIDEN NAME IF WIFE) Doris Baker			E. IS RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
9. DATE OF BIRTH Nov. 29, 1899	10. AGE (IN YEARS LAST BIRTHDAY) 62	11. IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS HOURS MIN.	11A. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Truck Driver, never			11B. KIND OF BUSINESS INDUS' -		
12. BIRTHPLACE (CITY OR TOWN, STATE OR FOREIGN COUNTRY) Fayville, Mass.			13. CITIZEN OF WHAT COUNTRY? U.S.			14. FATHER'S NAME Agidio Otenti		
15. MOTHER'S MAIDEN NAME Not known			16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) No			17. SOC. SEC. NO. 019-16-8408		
18A. INFORMANT Doris B. Otenti			18B. ADDRESS Center Lebanon, N.H.					
19. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Bilateral Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 4 days								
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. { DUE TO (B) Duodenal ulcer with Hemorrhage Chronic								
			DUE TO (C) Chronic Duodenal Ulcer					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) Chronic Pulmonary Fibrosis & Emphysema - yrs.								
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			21B. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 19.)					
21C. TIME MONTH DAY YEAR HOUR M.								
21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>			21E. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			21F. CITY, TOWN OR LOCATION COUNTY STATE		
22. I attended the deceased from June 1, 1962 to June 5, 1962			22. I attended the deceased from June 1, 1962 to June 5, 1962					
Death occurred at 6:20 P.m on the date stated above; and to the best of my knowledge, from the causes stated.								
23A. SIGNATURE Lee Blinger			23B. ADDRESS Rochester, N.H.	23C. DATE SIGNED 6-5-62				
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL <input type="checkbox"/>			24B. DATE 6-5-62	24 C. NAME OF CEMETERY OR CREMATORIY Rural		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Southboro, Mass.		
24E. PLACE OF BURIAL IF ENTOMBED			(NAME OF CEMETERY) LOCATION (CITY, TOWN, COUNTY) (STATE)		DATE			
25. FUNERAL DIRECTOR'S SIGNATURE Joe H. Edgerly, Rochester, N.H.			ADDRESS		COUNTERSIGNED - AGENT (CITY BD. OF HEALTH) Kenneth J. Jones			DATE June 6/62
DATE REC'D BY TOWN OR CITY CLERK June 11, 1962			CLERK'S OWN SIGNATURE D. Arlene Baker		CLERK OF Rochester			
A true copy, Attest: <i>Alfred Baker</i> Clerk of Rochester Dated July 12 1962								
Received July 18, 1962 <i>Elvina J. Basky</i> Town Clerk								



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

No. 6221

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of
Vital Statistics

(Issued under the provisions of Chapter 114, sections 45 and 46, General Laws, as amended by Chapter 604, Acts of 1949.)

[This permit can be signed only by Board of Health or its agent appointed to issue such permits, of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Southerns

(City or town)

November 16, 1962

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Henry A St. Maurice

(Name)

(Address)

for the removal from _____, and the interment
(To be filled out in case of removal)

at _____ Cemetery in _____, of the

body of _____ who died _____ 19_____
(Give full name of deceased) (Month) (Day) (Year)

age _____ years, _____ months, _____ days.

Cause of death _____

If a U. S. War Veteran, specify what war, organization, etc. _____

Residence at time of death _____

Edward J. Cronin, Agent

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 62-21

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health
(Office issuing permit)City or Town of Southington Mass.Name of deceased Henry A St Maurice

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
(Name of cemetery or crematory)

on

Certified by
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of deceased Henry A St Maurice

Age 74 years 3 months 14 days

Place of death Framingham Rd Somerville

Date of death November 15, 1962

Fractured Skull - accident

Cause of death Multiple fractures arm-leg

Interment at Rural Cemetery

Date permit issued November 16, 1962

Certified by Walter Mahoney - ^{Med} Exam M. D.

No. 62-21

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to *Agent of Board of Health*
(Office issuing permit)City or Town of *Southboro* Mass.Name of deceased *Henry A. St Maurice*

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at *Rural Cemetery, Southboro, Mass.*
(Name of cemetery or crematory)on *November 17, 1962*Certified by *Leo Bertonazzi, Supt. J. Paton*
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald MorrisName of deceased Raffaeal GiombettiAge 66 years 5 months 21 daysPlace of death SouthboroDate of death December 4, 1962Cause of death Generalized Carcinoma
metastaticInterment at Rural CemeteryDate permit issued December 6, 1962Certified by Joseph T. Amusjata M. D.

No. 62-22

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Dept. of Board of Health
(Office issuing permit)City or Town of South Boston Mass.Name of deceased Raphael Simola

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Local Cemetery
(Name of cemetery or crematory)on December 7, 1962 - at Corrigan Rd - RT #85Certified by Mr. Butoraggi - Supt. Boston Cem. Co.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald Morris
Agent, Bd of Health

Name of deceased Audazie G Dragomari

Age 78 years 2 months 0 days

Place of death Central Street
Trinbago Road - Tanguille

Date of death Dec 14, 1962

Cause of death Fractured Skull - accident
Multiple fractures of leg and

Interment at Rural - Southern

Date permit issued 12-16-62

Certified by W. F. Matheny, M.D.

No. 62-23

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health
(Office issuing permit)City or Town of PO Box 97 - Southboro, Mass.Name of deceased Quadazio E. Dragomani

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery

(Name of cemetery or crematory)

on December 18, 1962Certified by Leo BertozziLeo Bertozzi

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to William B. Heland - HudsonName of deceased Clara S. Robinson -Age 84 years 25 months 25 daysPlace of death East Main St. - SouthwicksDate of death December - 29 - 1962Cause of death Interment at Westeride Cemetery - MarlboroDate permit issued December - 29 - 1962Certified by Warren S. Temple - M. D.

No. 62-24

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Robert 97-South Mass.Name of deceased Clark S. Robinson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Watertown Cemetery
(Name of cemetery or crematory)on Jan. 1, 1962Certified by Charles T. Battell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Callahan Bros.Name of deceased Helen M. (McConaughay) HaganAge 51 years 8 months 24 daysPlace of death Main St. SouthboroDate of death April 21, 1963Cause of death Carcinoma, Right BreastInterment at St. Mary's Uxbridge, Mass.Date permit issued April 22, 1963Certified by Timothy P. Stone M. D.

No. 63-25

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of Southborough - Mass.Name of deceased Helen M. (McConaughay) Hagan

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Mary's Cemetery, Upland
(Name of cemetery or crematory)on April 24 1963Certified by Joseph A. Shaughnessy
(Signature of Superintendent, cemetery or crematory)
Supt

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to hobie's Funeral ServiceName of deceased Peter ElvinAge 1 years 9 months 4 daysPlace of death Cordaville Rd, SouthworeDate of death July 10 - 1963
Cause of death Asphyxiation by suffocationCause of death AnoxiaInterment at Dell Park CemeteryDate permit issued July 11, 1963Certified by Walter F. Matheson, M. D.

No. 63-22

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Board of Health -
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Peter Elvin

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Dell Park Cemetery Waltham Mass.
(Name of cemetery or crematory)on July 13 - 1963Certified by Gordon Peterson, Sup't.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald Morris, DirectorName of deceased James J. BaldelliAge 59 years 1 months 8 daysPlace of death At home, Pleasant St. Fayville, ^{was}Date of death August 15, 1963Cause of death Sudden death Presumably
Coronary ThrombosisInterment at Rural Cemetery - SouthboroDate permit issued August 16, 1963Certified by Master J. Mahoney M. D.

No. 63-27

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Souilurus, Mass. Mass.Name of deceased Louis J. Baldelli

If a U. S. War Veteran, specify what war, organization, etc.

World War II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery
(Name of cemetery or crematory)on August 17, 1963 - Cordaville Rd. Rte. # 85Certified by Geo. Butnayi, Super.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Daniel C MorrisName of deceased Mark S. BanksAge 6 years 105 months 13 daysPlace of death In Garage - SouthlaneDate of death Aug 26 - 1963Cause of death Interstitial pneumoniaInterment at Rural CemeteryDate permit issued Aug 27, 1963Certified by R. Rittenhouse M. D.

No. 63-28

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mark J. Banks

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)on August 28, 1963 - Cordaville Rd. Rte # 85Certified by Joe Bartonegg
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Edith E CunninghamName of deceased William R. FreiterAge 45 years 2 months 5 daysPlace of death SouthbowDate of death October 5, 1963Cause of death Sudden death, yes.
Coronary ThrombosisInterment at St. Dominic's, Holmesburg ^{Pa}Date permit issued October 5, 1963Certified by Walter F. Mahoney M. D.



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

No. 63-29

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of
Vital Statistics

(Issued under the provisions of Chapter 114, sections 45 and 46, General Laws, as amended by Chapter 604, Acts of 1949.)

(This permit can be signed only by Board of Health or its agent appointed to issue such permits of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.)

Southboro October 5

(City or town)

(Date)

1963

A satisfactory certificate of death having been filed, permission is hereby given to

William

(Name)

R. Freiley 30 Rosebank Framingham

(Address)

for the removal from Southboro, and the interment

(To be filled out in case of removal)

at St. Dominics

Cemetery in Holmestown, Pa. of the

body of

(Give full name of deceased)

who died

(Month)

(Day)

19

(Year)

age years, months, days.

Cause of death

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 13-29

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Burial Health
(Office issuing permit)

City or Town of South Boston Mass.

Name of deceased

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
(Name of cemetery or crematory)

on

Certified by
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Richard P. Caldwell - Marlene

Name of deceased

Bertha Maud (Bessie) Cleary

Age 86 years 2 months 21 days

Place of death

Latitude Rd. - Southwicks

Date of death

Oct 4, 1963

Cause of death

Abdominal Carcinomatosis

Interment at

Rural Cemetery, Southwicks

Date permit issued

Oct 7, 1963

Certified by

Trinity P. Stone

M. D.

No. 63-30

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed**Agent**to**Board of Health**(Office issuing permit)*City or Town of Southboro Mass.Name of deceased Bertha Maud B. Henry

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.
(Name of cemetery or crematory)on October 8, 1963 Cordaville Rd. Rte. #85Certified by Joe Bartozzi, Super.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Joseph A. Roberts

(O'Gaffs)

Name of deceased Louise B. Dunn

Age 70 years 1 months 9 days

Place of death Southwicks - Gaffs House

Date of death October 6, 1963

Cause of death (Pres.)

Cause of death Coronary Thrombosis

Interment at Burial Cemetery

Date permit issued October 9, 1963

Certified by Walter J. Mulhoney M. D.

No. 63-31

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of Southboro, Mass.Name of deceased James B. Dunn

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on October 9, 1963 - Cordaville Rd. Rte. # 85Certified by Lee Bentz, Sup't
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Richard P. ColdwellName of deceased Eva (Byard) SpurrAge 84 years 0 months 28 daysPlace of death Marlboro Road, SouthboroDate of death October 11, 1963Cause of death Coronary ThrombosisInterment at Rural Cemetery, SouthboroDate permit issued October 12, 1963Certified by Timothy P. Stone M. D.

No. 63-32

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Ag't Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Eva (Bryant) Spurr

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.
(Name of cemetery or crematory)on October 17, 1963 - Cordaville Rd. Rte. # 85Certified by Les Bentz Asst.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 63-33

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of deceased Forrest L. WarrenAge 83 years 6 months 18 daysPlace of death White Bagley Rd - SomervilleDate of death October 20, 1963Cause of death Cerebral ThrombosisInterment at Hudlow Cemetery, Hudlow, VermontDate permit issued October 21, 1963Certified by Timothy P. Stone M. D.

No. 63-33

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Baptist Board of Health
(Office issuing permit)City or Town of Somerville Mass.Name of deceased Forrest L. Warren

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at PLEASANTVIEW LUDLOW VT.
(Name of cemetery or crematory)on Oct 23, 1963Certified by R. J. Niele

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.